



# Work Order (Bid Form)

## WORK ORDER INFORMATION

**Work Order Name:** 14014SO2311  
**Work Order Type:** Weatherization  
**Audit Name:** 14014SO2311

## CLIENT INFORMATION

**Client Name:** **Address:**  
**Client ID:** 14014SO2311 FAYETTEVILLE, TN 37334  
**Alt. Client ID:** LINCOLN

## AGENCY INFORMATION

**Agency:** SOUTH CENTRAL HUMAN RESOURCE AGENCY **Agency Phone:** (931) 433-7182  
**Address:** 1437 WINCHESTER HIGHWAY **Fax:** (931) 438-0074  
FAYETTEVILLE, TN 37334-2001 **Email Address:** e.satterfield@schra.us

**Company Name & License Number:** \_\_\_\_\_

**Contractor's Signature:** \_\_\_\_\_

## COMMENT

## Measures

Measure 1 DWH Pipe Insulation				Components			Inspected		
Comment							<input type="checkbox"/>		
				Estimated			Actual		
#	Material / Labor	Description / Comment	Units	Qty	Unit Cost	Total	Qty	Unit Cost	Total
1	Insulation	DHW Pipe Insulation	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Labor	DHW Pipe Insulation	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other Detail									
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Measure Sub Total:						<input type="text"/>	Sub Total:		<input type="text"/>
Field Notes:									

Measure 2 Floor Ins. R-19				Components			Inspected		
Comment							<input type="checkbox"/>		
				Estimated			Actual		
#	Material / Labor	Description / Comment	Units	Qty	Unit Cost	Total	Qty	Unit Cost	Total
1	Insulation	Floor Insulation - Fiberglass Batts - R-19	SqFt	1023	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Labor	Floor Insulation - Fiberglass Batts - R-19	SqFt	1023	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other Detail									
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Measure Sub Total:						<input type="text"/>	Sub Total:		<input type="text"/>
Field Notes:									

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**Measure 3 INFILTRATION REDUCTION****Components****Inspected**

**Comment** 1. SEAL DUCT WORK / USE MASTIC AT REGISTERS AND RETURN -  
REGISTERS TO READ 1.0 OR LESS  
2. W/S FRONT DOOR  
3. W/S AND D/S BACK DOOR AND INSTALL STORM HARDWARE  
4. W/S SIDE DOOR  
5. INSTALL MISSING WINDOW LOCK

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#	Material / Labor	Description / Comment	Units	Qty	Estimated		Actual		
					Unit Cost	Total	Qty	Unit Cost	Total
1	Miscellaneous Supplies	INFILTRATION REDUCTION	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Labor	LABOR	Hour		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Other Detail</b>									
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Measure Sub Total:</b>						<input type="text"/>	<b>Sub Total:</b>		<input type="text"/>

**Field Notes:****Measure 4 Fix Improper Venting (Clothes Dryer)****Components****Inspected****Comment**☐

#	Material / Labor	Description / Comment	Units	Qty	Estimated		Actual		
					Unit Cost	Total	Qty	Unit Cost	Total
1	Health and Safety Items	Metal Flex	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Labor	Labor	Hour	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Other Detail</b>									
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Measure Sub Total:</b>						<input type="text"/>	<b>Sub Total:</b>		<input type="text"/>

**Field Notes:**

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**Measure 5 PressureRelief Piping Needed**  
**Comment** EXTEND THROUGH FOUNDATION

**Components**

Inspected

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#	Material / Labor	Description / Comment	Units	Qty	Estimated		Actual		
					Unit Cost	Total	Qty	Unit Cost	Total
1	Health and Safety Items	Pressure relief piping	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Labor	Labor	Hour	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Other Detail</b>									
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Measure Sub Total:</b>						<input type="text"/>	<b>Sub Total:</b>		
						<input type="text"/>			

Field Notes:

**Measure 6 Smoke Detector is Needed**  
**Comment**

**Components**

Inspected

☐

#	Material / Labor	Description / Comment	Units	Qty	Estimated		Actual		
					Unit Cost	Total	Qty	Unit Cost	Total
1	Health and Safety Items	Smoke / Carbon detector	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Labor	Labor	Hour	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Other Detail</b>									
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Measure Sub Total:</b>						<input type="text"/>	<b>Sub Total:</b>		
						<input type="text"/>			

Field Notes:

**Measure 7 Vapor Barrier Needed  
(Basement/Crawlspace)****Components****Inspected****Comment**

#	Material / Labor	Description / Comment	Units	Qty	Estimated		Actual		
					Unit Cost	Total	Qty	Unit Cost	Total
1	Insulation	Basement / crawlspace vapor barrier	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Labor	Labor	Hour	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Other Detail**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Measure Sub Total:****Sub Total:****Field Notes:****Work Order Grand Total:****Grand Total:**

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